

<i>SERFF Tracking Number:</i>	<i>HUMA-125708640</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>39395</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.005A Individual - Preferred Provider (PPO)</i>
<i>Product Name:</i>	<i>AR-70129 MAINT 7/2008</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Humana Insurance Company	SERFF Tr Num: HUMA-125708640	State: ArkansasLH
Product Name: AR-70129 MAINT 7/2008	SERFF Status: Closed	State Tr Num: 39395
TOI: H16I Individual Health - Major Medical	Co Tr Num:	State Status: Approved-Closed
Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)		
Filing Type: Form	Co Status:	Reviewer(s): Rosalind Minor
	Authors: Susan Ortiz, Amy Stroh, Berthena Reed, Heather Davis	Disposition Date: 06/26/2008
	Date Submitted: 06/24/2008	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

## General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type:	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 06/26/2008	
State Status Changed: 06/26/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Please see attached	

## Company and Contact

SERFF Tracking Number: HUMA-125708640 State: Arkansas  
Filing Company: Humana Insurance Company State Tracking Number: 39395  
Company Tracking Number:  
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider  
(PPO)  
Product Name: AR-70129 MAINT 7/2008  
Project Name/Number: /

### Filing Contact Information

Berthena Reed, Contract Analyst breed2@humana.com  
2 Riverwood Place (262) 951-2516 [Phone]  
Waukesha, WI 53188

### Filing Company Information

Humana Insurance Company CoCode: 73288 State of Domicile: Wisconsin  
1100 Employers Boulevard Group Code: 119 Company Type: Life & Health  
Green Bay, WI 54344 Group Name: State ID Number:  
(800) 558-4444 ext. [Phone] FEIN Number: 39-1263473  
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### Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: 1 Form  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$50.00	06/24/2008	21066012

SERFF Tracking Number:	HUMA-125708640	State:	Arkansas
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Product Name:	AR-70129 MAINT 7/2008		
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/26/2008	06/26/2008

*SERFF Tracking Number:* HUMA-125708640

*State:* Arkansas

*Filing Company:* Humana Insurance Company

*State Tracking Number:* 39395

*Company Tracking Number:*

*TOI:* H16I Individual Health - Major Medical

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(PPO)

*Product Name:* AR-70129 MAINT 7/2008

*Project Name/Number:* /

## Disposition

Disposition Date: 06/26/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HUMA-125708640 State: Arkansas

Filing Company: Humana Insurance Company State Tracking Number: 39395

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TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)

Product Name: AR-70129 MAINT 7/2008

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Transmittal Document	Approved-Closed	Yes
Form	Arkansas Maintenance Rider	Approved-Closed	Yes

SERFF Tracking Number: HUMA-125708640 State: Arkansas

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Company Tracking Number:

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Product Name: AR-70129 MAINT 7/2008

Project Name/Number: /

## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	AR-70129 MAINT 7/2008	Policy/Cont	Arkansas	Initial			AR-70129 MAINT 7-2008.pdf
		ract/Fratern	Maintenance Rider				
		al					
		Certificate:					
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					

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# ARKANSAS RIDER

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## HUMANA INSURANCE COMPANY

[Policyholder:                      [John Doe]]  
[Policy Number:                      [xxxxxxx]]  
[Effective Date:                      [xxxxxxxxx]]

This benefit rider is attached to and made a part of your policy. Except as modified below, all policy terms, conditions, and limitations apply.

The policy to which this rider is attached is amended as follows:

1. The **Schedule, Medical Covered Expenses, 14. Preventive Care** is hereby amended by adding the following:

14. **Preventive Care**

- A. **Routine Services to Include: Exams, Pap Smears and PSA Tests (Other than Immunizations from Birth through Age 18, Child Health Services, Routine Mammograms, and Colorectal Cancer Screening)**

*Network Provider: You pay 20% coinsurance, we pay 80% of covered expenses.*

*Non-Network Provider: You pay 40% coinsurance, we pay 60% of covered expenses after deductible.*

- B. **Routine Laboratory, Pathology and Radiology Tests (Other than Child Health Services, Routine Mammograms, Pap Smears, PSA Tests, and Colorectal Cancer Screening)**

*Network Provider: You pay 20% coinsurance, we pay 80% of covered expenses after deductible.*

*Non-Network Provider: You pay 40% coinsurance, we pay 60% of covered expenses after deductible.*

- C. **Immunizations from Birth through Age 18**

*Network Provider: You pay 0% coinsurance, we pay 100% of covered expenses.*

*Non-Network Provider: You pay 0% coinsurance, we pay 100% of covered expenses.*

- D. **Routine Mammograms**

*Network Provider: You pay 20% coinsurance, we pay 80% of covered expenses.*

*Non-Network Provider: You pay 40% coinsurance, we pay 60% of covered expenses after deductible.*

- Benefit maximum for routine mammogram is \$50 per screening, which includes payment for both the professional and technical components.

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## ARKANSAS RIDER

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### **E. Child Health Services**

*Network Provider: You pay 20% coinsurance, we pay 80% of covered expenses.*

*Non-Network Provider: You pay 40% coinsurance, we pay 60% of covered expenses after deductible.*

### **F. Colorectal Cancer Screening**

*Network Provider: You pay 20% coinsurance, we pay 80% of covered expenses*

*Non-Network Provider: You pay 40% coinsurance, we pay 60% of covered expenses after deductible.*

- Benefit maximum for preventive care is limited to \$300 of *covered expenses* per *covered person* per *calendar year*, subject to applicable *coinsurance*. This benefit maximum does not apply to routine mammograms, child health *services* and immunizations from birth through age 18.

028.AR.07/08

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## ARKANSAS RIDER

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2. The **Your Policy Benefits** section has been revised as follows:

Colorectal cancer exams and lab tests for a *covered person* age 50 or older or for a high risk *covered person* is as follows:

- annual fecal occult blood test or annual fecal immunochemical test in conjunction with a flexible sigmoidoscopy every 5 years;
- double contrast barium enema every 5 years;
- colonoscopy every 10 years; or
- any additional medically recognized screening tests for colorectal cancer required by the Director of the Department of Health, determined in consultation with appropriate health care organizations.

Screenings are limited to the following for management or subsequent need for follow up colonoscopy:

- normal initial colonoscopy (follow up recommended in 10 years);
- individuals with one or more neoplastic polyps or adenomatous polyps with removal of all visualized polyps (follow up recommended in 3 years);
- single tubular adenoma less than one centimeter (follow up recommended in 5 years); or
- large sessile adenoma greater than 3 centimeters (follow up recommended in 6 months or until complete polyp removal is verified by colonoscopy).

Coverage is provided for the exams as determined by the *covered person* in consultation with his/her *health care practitioner*:

079.AR.07/08

[SIGNATURE]

[Michael B. McCallister]  
[President]

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(PPO)

*Product Name:* AR-70129 MAINT 7/2008

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## Rate Information

Rate data does NOT apply to filing.

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Filing Company: Humana Insurance Company State Tracking Number: 39395  
Company Tracking Number:  
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider  
(PPO)  
Product Name: AR-70129 MAINT 7/2008  
Project Name/Number: /

## Supporting Document Schedules

<b>Satisfied -Name:</b> Certification/Notice <b>Comments:</b> Please see attached <b>Attachment:</b> Certificate of Readability2.pdf	<b>Review Status:</b> Approved-Closed 06/26/2008
<b>Bypassed -Name:</b> Application <b>Bypass Reason:</b> See cover letter for form number and approval date <b>Comments:</b>	<b>Review Status:</b> Approved-Closed 06/26/2008
<b>Bypassed -Name:</b> Outline of Coverage <b>Bypass Reason:</b> NA <b>Comments:</b>	<b>Review Status:</b> Approved-Closed 06/26/2008
<b>Satisfied -Name:</b> Cover Letter <b>Comments:</b> See attached <b>Attachment:</b> Cover letter2.pdf	<b>Review Status:</b> Approved-Closed 06/26/2008
<b>Satisfied -Name:</b> Transmittal Document <b>Comments:</b> See attached <b>Attachment:</b> Transmittal Document2.pdf	<b>Review Status:</b> Approved-Closed 06/26/2008

## CERTIFICATION

**RE: Form AR-70129 MAINT 6/2008**

I hereby certify, to the best of my knowledge and belief, that the enclosed form(s) comply(ies) with the requirements of Arkansas Insurance Code 23-80-206.

**Form Number(s)**

AR-70129 MAINT 6/2008

**Flesch Test Reading Ease Score**

42.2



**Signed by:** \_\_\_\_\_

Steve DeRaleau  
Vice President

**Date:** June 2, 2008

June 24, 2008

Life and Health Division  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

**RE: HUMANA INSURANCE COMPANY**  
**Individual Health Form Filing**  
**Arkansas Rider: AR-70129 MAINT 6/2008**  
**NAIC #73288**  
**FEIN #39-1263473**

Dear Sir/Madam:

We are enclosing the above-referenced form for your review and approval. This form is new and will not replace any previously filed or approved forms. This form will be used with our Individual Health policy series, Form GN-70129 8/2002, et al, which was approved by your Department on May 24, 2005.

The rider modifies the policy as follows:

- Added Colorectal Cancer Screening coverage information to the Preventive Care section of the Schedule page.
- Revised Colorectal Cancer Screening coverage information in the Your Policy Benefits section of the policy.

The language in the rider may be incorporated into the body of the policy when issued.

If you have any questions regarding this submission, you may contact me by telephone at 1-800-289-0260 extension 2516, by fax at 920-339-7004 or by email at [breed2@humana.com](mailto:breed2@humana.com)

Sincerely,  
HUMANA INSURANCE COMPANY

Berthena Reed  
Contract Analyst

## Life, Accident &amp; Health, Annuity, Credit Transmittal Document

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas				
<b>2.</b>	<b>Department Use Only</b>					
	<b>State Tracking ID</b>					
<b>3.</b>	<b>Insurer Name &amp; Address</b>	<b>Domicile</b>	<b>Insurer License Type</b>	<b>NAIC Group #</b>	<b>NAIC #</b>	<b>FEIN #</b>
	Humana Insurance Company 1100 Employers Blvd Green Bay WI 54344	WI		119	73288	39-12 63473
<b>4.</b>	<b>Contact Name &amp; Address</b>	<b>Telephone #</b>	<b>Fax #</b>	<b>E-mail Address</b>		
	Berthene Reed N19 W24133 Riverwood Dr Ste 250 Waukesha WI 53188	800-289-0260 ext 2516	920-339-7004	breed2@humana.com		
<b>5.</b>	<b>Requested Filing Mode</b>	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____				
<b>6.</b>	<b>Company Tracking Number</b>	AR-70129 MAINT 7/2008				
<b>7.</b>	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____				
<b>8.</b>	<b>Market</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Small   <input type="checkbox"/> Employer   <input type="checkbox"/> Discretionary   <input type="checkbox"/> Other: _____         </div> <div> <input type="checkbox"/> Large   <input type="checkbox"/> Association   <input type="checkbox"/> Trust   <input type="checkbox"/> Blanket         </div> <div> <input type="checkbox"/> Small and Large         </div> </div>				
<b>9.</b>	<b>Type of Insurance</b>	H16I Individual Health-Major Medical				
<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	H16I.005A Individual-Preferred Provider(PPO)				
<b>11.</b>	<b>Submitted Documents</b>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> <b>FORMS</b>  <input type="checkbox"/> Policy  <input type="checkbox"/> Application/Enrollment  <input type="checkbox"/> Schedule of Benefits         </div> <div style="width: 33%;"> <input type="checkbox"/> Outline of Coverage  <input checked="" type="checkbox"/> Rider/Endorsement  <input type="checkbox"/> Other         </div> <div style="width: 33%;"> <input type="checkbox"/> Certificate  <input type="checkbox"/> Advertising         </div> </div> <p><b>Rates</b>  <input type="checkbox"/> New Rate     <input type="checkbox"/> Revised Rate       </p> <p><input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b>        Please explain: _____     </p> <p><b>SUPPORTING DOCUMENTATION</b></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Articles of Incorporation  <input type="checkbox"/> Association Bylaws  <input type="checkbox"/> Statement of Variability  <input type="checkbox"/> Actuarial Memorandum  <input type="checkbox"/> Other _____         </div> <div style="width: 50%;"> <input type="checkbox"/> Third Party Authorization  <input type="checkbox"/> Trust Agreements  <input type="checkbox"/> Certifications         </div> </div>				

16.	<b>Certification (If required)</b>
<b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u> .	
Print Name	<u>Berthena Reed</u>
Title	<u>Contract Analyst</u>
Signature	<u>B. Reed</u>
Date:	<u>June 24, 2008</u>

17.	<b>Form Filing Attachment</b>	
This filing transmittal is part of company tracking number		AR-70129 MAINT 6/2008
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Arkansas Maintenance Rider	AR-70129 MAINT 7/2008	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	NA
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.	<b>Rate Filing Attachment</b>			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number		AR-70129 MAINT 7/2008		
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	<b>Document Name</b>	<b>Affected Form Numbers</b>		<b>Previous State Filing Number</b>
	<b>Description</b>			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

LH RFA-1